



## Lifetime CNLP Membership Application

NEW YORK STATE CERTIFIED NURSERY & LANDSCAPE PROFESSIONAL PROGRAM

*A program of the New York State Nursery and Landscape Association, Inc.*

### Personal Information (Please Print):

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Home E-mail address: \_\_\_\_\_

**For my 25 years of dedication, I'd like to become a Lifetime CNLP Member! (\$100)**

**Please also send me a personalized Lifetime CNLP Member plaque (\$100)**

### Employment Information (Please Print):

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Business E-mail address: \_\_\_\_\_

County: \_\_\_\_\_

Is this company a current NYSNLA Member?

**Y**    **N**   NYSNLA Region: \_\_\_\_\_

Which address would you like us to send correspondences to?      **HOME / BUSINESS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Send application with your payment to:**  
New York State Nursery & Landscape Association, Inc.  
Attn: CNLP Program  
230 Washington Avenue Extension, Suite 101  
Albany, NY 12203  
(518) 580-4063 / (518) 463-8656 (fax)